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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	92052260
Party	Defendant Edgar Alexander Barrera
Correspondence Address	R. EMMETT MCAULIFFE RIEZMAN BERGER, P.C. 7700 BONHOMME, 7TH FLOOR ST LOUIS, MO 63105 UNITED STATES rem@riezmanberger.com
Submission	Motion to Extend
Filer's Name	Emmett McAuliffe
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Date	04/06/2011
Attachments	Barrera SKMBT_75011040617310 (2).pdf (3 pages)(127096 bytes)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

STEPHEN A. WESTLAKE,)
)
 Petitioner,) Cancellation No. 92/052,260
) (Serial No. 77/378,015)
 v.)
)
 EDGAR ALEXANDER BARRERA,)
)
 Respondent.)

MOTION FOR CONTINUANCE FOR GOOD CAUSE

COMES NOW the Respondent, by and through counsel, and requests the resetting of the dates in this proceeding, for good cause, to wit, the Respondent has a medical condition, expected to last for another 45 days during which he will be unable to participate in this case. The respondent is requesting the dates in the proceeding from Answer Due through Plaintiff's 15-day Rebuttal Period Ends be advanced 45 days. Attached is a letter received by counsel via fax from Respondent's physician on April 5, 2011.

RIEZMAN BERGER, P.C.

By: 
R. Emmett McAuliffe #33583
7700 Bonhomme, 7th Floor
St. Louis, Missouri 63105
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Attorneys for Respondent

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing instrument was placed in the United States Mail, postage prepaid, this 6th day of April, 2011, addressed to:

Mark Levy
700 Security Mutual Building
80 Exchange Street
Binghamton, NY 13902

Ernest M. Adick

GOHAR S. KHAN, M.D. P.A.
905 BEVILLE RD.
SO. DAYTONA, FL 32119
(386) 767-8000
Fax (386) 767-3761

April 5, 2011

Edgar Alexander Barrera Date of Birth: 03/31/1982 Social Security: 603-86-7225

To Whom it May Concern:

My patient, Edgar Alexander Barrera, is making steady progress in his recovery from acute pancreatitis but has not yet reached the point where he can resume normal activities.

Pancreatitis is an inflammation of the pancreas, a gland that produces enzymes that enable the body to digest food. It is a life-threatening condition, especially as it leaves the body vulnerable to secondary infections and other complications.

Also, prior to his pancreatitis, Mr. Barrera had been suffering from cervical dystonia, a chronic neurological condition that causes involuntary neck spasms. There is no cure and treatments to relieve the symptoms have yielded mixed results. While dystonia is not life-threatening, it can be very painful and seriously limit a patient's mobility.

Mr. Barrera was hospitalized for acute pancreatitis from Sept. 19 to Oct. 2. His case was severe, since he also suffered from inflammations of his liver and colon, along with ascites, a buildup of abdominal fluid.

In the weeks following his hospitalization, Mr. Barrera has experienced severe fatigue, along with various gastrointestinal symptoms common during recovery. These included bloating, abdominal pain, loss of appetite, and difficulty swallowing.

Full recovery from pancreatitis often takes a year or longer. Although Mr. Barrera's symptoms are improving, he is still fighting the aftereffects of his illness and faces a host of lifestyle changes, particularly avoiding stress and rich foods.

Mr. Barrera is also dealing with side effects from the medication he is taking for his cervical dystonia, Clonazepam 2mg tablets. He has stated that his short-term memory is not good and that he has difficulty concentrating. I have instructed him to decrease his dosage by half; we may need to make further adjustments before he can resume a normal schedule.

It is my professional judgement that Mr. Barrera requires another 45 days of convalescence. He still needs plenty of rest and must avoid unnecessary stress, which would definitely include legal proceedings. Any relapse of his pancreatitis could endanger his life or, at a minimum, set back his recovery by many months.

The good news is that if Mr. Barrera continues the progress I have seen over the past few weeks, he should be ready to resume a regular work schedule sometime during late May to early June.

In view of slow progress I am referring him to gastroenterologist and neurologist for opinion.

Sincerely,


Gohar S. Khan, M.D.